



# COMMUNITY WISH LIST

## Submit-A-Wish Form (1 per Organization)

Name of Nonprofit Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person for Community Wish List: \_\_\_\_\_

Phone number of Contact Person: \_\_\_\_\_

E-mail of Contact Person or Organization: \_\_\_\_\_

### DESCRIPTION OF SERVICES PROVIDED BY ORGANIZATION (30 word limit):

(eg. *Provides support to families by promoting positive parent-child interaction, ongoing education in parenting skills and connecting families to community resources.*)

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### YOUR ORGANIZATION'S COMMUNITY WISH LIST WISHES (25 word limit)

(eg. *diapers, educational toys, baby blankets, canned food*)

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### Return to:

City of Bloomington Volunteer Network  
PO Box 100  
Bloomington, IN 47402-0100  
or fax to 812/349-3483  
or email to [volunteer@bloomington.in.gov](mailto:volunteer@bloomington.in.gov)